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Bib Data Sheet

CONFIRMATION NO. 9802

SERIAL NUMBER 09/849,162	FILING DATE 05/04/2001  RULE	CLASS 348	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. 80113-0122 (D2382)
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## APPLICANTS

David E. Zeidler, Warrington, PA;

Brian Carroll, Coopersburg, PA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/03/2001

Foreign Priority claimed ☐ yes ☐ no  
35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance  
Verified and Acknowledged \_\_\_\_\_  
Examiner's Signature Initials

STATE OR  
COUNTRY  
PA

SHEETS  
DRAWING  
3

TOTAL  
CLAIMS  
25

INDEPENDENT  
CLAIMS  
3

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## TITLE

FREQUENCY BOUNDED OSCILLATOR FOR VIDEO RECONSTRUCTION

FILING FEE  
  
RECEIVED  
1560

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

☐ All Fees☐ 1.16 Fees ( Filing )☐ 1.17 Fees ( Processing Ext. of time )☐ 1.18 Fees ( Issue )☐ Other \_\_\_\_\_☐ Credit



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<b>SERIAL NUMBER</b> 09/849,162	<b>FILING DATE</b> 05/04/2001 <b>RULE</b>	<b>CLASS</b> <del>386</del> 348	<b>GROUP ART UNIT</b> <del>2615</del> 2614	<b>ATTORNEY DOCKET NO.</b> 80113-0122 (D2382)
<b>APPLICANTS</b> David E. Zeidler, Warrington, PA; Brian Carroll, Coopersburg, PA;				
** CONTINUING DATA ***** None TT				
** FOREIGN APPLICATIONS ***** None TT				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/03/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>TT</u>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 25 <u>17</u>
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3 <u>6</u>		
<b>ADDRESS</b> 23353				
<b>TITLE</b> Frequency bounded oscillator for video reconstruction				
<b>FILING FEE RECEIVED</b> 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	